Unc	der the Paperwork Red	uction Ac	t of 1995, no persons ar	e required to respond to a collection	of information unless it contains a valid OMB control numb	oer.
Substitut	Substitute for form 1449/PTO		Complete if Known			
				Application Number	10/750,792	
INFORMATION DISCLOSURE				Filing Date	January 3, 2004	
STATEMENT BY APPLICANT			PPLICANT	First Named Inventor	Jeff S. Eder	
(Use as many sheets as necessary)				Art Unit	3695	
(coo as many sheets as nessessary)			cocssury,	Examiner Name	Siegfried Chencinski	
Sheet		of	1	Attorney Docket Number	AR - 67	_

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Examiner Signature		Date Considered	
*EVALUMED: I	tial if reference considered subother count situation is in conference with MDED 600	Deare line through a	tation if not in conformance and not

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